



SDPS MEMORANDUM

MEMO NBR: 05-229-PO

DATE: June 30, 2005

SUBJECT: CMS-Registry Based Practice Count Estimates

TO: SDPS ANA Point of Contact, SDPS CEO Point of Contact, SDPS DBA Point of Contact, SDPS PO Point of Contact

FROM: Kathleen Winchester, GTL DOQ-IT
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The purpose of this memo is to notify QIOs that the spreadsheets containing solo and group practice count estimates and data have been transferred to each state's database server. It is important to note that these spreadsheets are based on CMS physician registry data and are being provided as a guideline to be used in conjunction with other state-level data sources for 8th SOW Task 1d1 IPG targeting efforts.

The spreadsheets are located in the /u04/load/data directory and are named as follows:

- XXQIO_8SoW_GroupPracticeSummary_060605.xls (where xx = state abbreviation)
- XXQIO_8SoW_SoloPracticeSummary_060605.xls (where xx = state abbreviation)
- 8SOWTask1d1_IndependentSource_5PercentPraticeCount.xls

The group practice spreadsheet will also contain data for a 5% random sample of Group Practice UPINs. For those QIOs that use registry data to determine their IPG number, CMS is requiring that QIOs perform a 5% validation sample against available data sources to determine if the registry data accurately reflects practice sites. The minimum sample size will be 10 and a maximum of 30 for those states where the 5% figure is either less than 10 or more than 30.

The 5% random sample worksheet contains several columns for entry of QIO validation results. If the QIOs uses the registry data and upon performing validation, decides not to use that data source, please include the results of your validation and the reason for not using the registry data. The results are to be entered in PARTner by September 1, 2005 in addition to other QIO deliverables as stated in the 8th SOW, i.e., detailed recruitment plan, detailed work plan and the list of physician practice sites.

If the QIO has a valid estimate of the number of primary care practice sites in its state that has been derived from independent sources, this number may be used and reported to CMS in the 8SOWTask1d1_IndependentSource_5PercentPraticeCount spreadsheet referenced above. No

validation of that data is necessary, just the source and any comments that you would like to provide.

The specifications and criteria used to create the solo and group practice counts and data can be found in the process flow document attached to this memo and also on QIONet under the following link: http://qionet.sdps.org/7thSOW/Task_1/po/8SOW_SGPCountMeth_061605.pdf

Also, CMS agreed not to exclude multi-specialty groups in the 8th SOW Task 1d IPGs, but it is important to keep in mind that the spirit of the QIO assistance is to support primary care physicians and practices, not large multi-specialty groups. Listed below are responses to the questions raised by the QIO community during the June 9 Outpatient Community of Practice conference call.

Practice Size Determination

Question

When a practice group has a diverse practitioner makeup (PCPs, non-PCPs, physician assistants, nurse practitioners), how is practice size determined for the purposes of the 8th SOW?

Answer

To be consistent, the total number of MD's in the practice, independent of specialty or PCP, will define the size of the practice. NP's, PA's etc. are all important, but we are not going to count them when determining practice size.

Question

How would a primary care practice site that has the following practitioner makeup be counted for the purpose of practice size determination?

3 PCPs, 1 PA, 1 NP, 3 Non-PCP MDs (total = 8 practitioners, 6 MDs, 3 PCPs)

Would this fall under the small classification (1-3) due to the 3 PCPs? Or under the medium classification (4-8) due to total of 5 when including the NPs and PAs? Or would this practice be *excluded*, because only 3 of the 8 practitioners are PCPs?

Answer

In this case the practice would fall under the medium size classification due to a total of 6 M.D.s in the overall practice. To be consistent we are not counting PAs or NPs when determining practice size even if they bill Medicare.

Overlapping Practitioners

Question

Currently, the CMS registry-based practice count specifications determine solo and group counts independently. Therefore an individual practitioner can appear in both the solo and group practice counts if he or she meets the criteria for both. For Example:

UPIN A99999 is active as a solo practitioner in the individual registry data and also is an active member of one or more Group UPIN practice sites. This practitioner will appear in both the registry-based solo and group counts. Shouldn't the practitioner only be counted in one practice site?

Answer

Yes. The assumption would be that the practitioner spends most of his/her time at the solo practice and therefore would be counted as such. In these cases, the QIO should determine where the practitioner spends most of her/his time and include accordingly.

Please notify your internal point of contact if you have any questions. They may contact the QualityNet Help Desk if additional information and/or assistance are needed.